

### CHARLES COUNTY HEALTH BENEFITS PROGRAM

Premiums effective for July 1, 2019 - June 30, 2020 Plan Year

COBRA TOTAL MONTHLY PREMIUM				
Individual	\$765.54	\$529.84	\$42.81	\$37.02
Employee + Child	\$1,330.07	\$1,006.87	\$65.38	\$58.80
Employee + Spouse	\$1,593.10	\$1,218.63	\$98.22	\$87.27
Family	\$1,872.87	\$1,589.58	\$128.46	\$113.36